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Bib Data Sheet

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|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|
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|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/186,430 07/01/2002 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/24/2003

| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY | SHEETS<br>DRAWING 1 | TOTAL<br>CLAIMS 12 | INDEPENDENT<br>CLAIMS 1 |
|---------------------------------|--|---------------------|---------------------|--------------------|-------------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allegiance | NY                  |                     |                    |                         |
| Verified and Acknowledged       | Examiner's Signature<br><i>[Signature]</i> Initials<br><i>[Initials]</i>   |                     |                     |                    |                         |

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## TITLE

Gelled delivery vehicle containing nutritional ingredients

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|-----------------|---|--|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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